



Verification of License in Another State

Dietitian – Nutritionist

To be completed by Applicant:

Name: _____ Social Security No: _____ - _____ - _____

Licensing Authority: _____ License No: _____ Date Issued: _____
(State, Territory, or Country)

Applicant Signature: _____ Date: _____

To be completed by Licensing Board:

Licensee's Name: _____

License Type: _____

License Number: _____

Date Issued: _____

Expiration Date: _____

Current Status: _____

Reciprocity with: _____

Other: _____

Has license ever been disciplined? _____ No _____ Yes (If yes, please attach findings and disposition).

Remarks: _____

(Authorized Signature) (Date)

Licensing Board, please return to:

Tennessee Board of Dietitian/Nutritionist Examiners
665 Mainstream Drive
Nashville, TN 37243

BOARD SEAL